

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF DEMETRIUS BROWN		COURT CASE NUMBER 1:04-cv-379E	
DEFENDANT DR. NEWTON E. KENDIG, MEDICAL DIRECTOR		TYPE OF PROCESS SUMMONS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR. NEWTON E. KENDIG, MEDICAL DIRECTOR		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Homeowners Loan Corporation Building, 320 First Street, N.W., Washington, D.C. 20534		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Demetrius Brown Reg. No. 21534-039 FCI RayBrook P.O. Box 9001 RayBrook, NY. 12977		Number of parties to be served in this case	9
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

^{Fold} The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, ^{Fold} whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with the Clerk of Court for the Western District of Pennsylvania.

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/13/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal pr	Amount of Refund
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REMARKS: